

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 10/92) EF

See Instructions and *Privacy
Statement On Reverse Side

Page _____ of _____ Pages

CLAIMANT'S NAME George Valverde			SSAN OR EMPLOYEE NUMBER*			DEPARTMENT Motor Vehicles					
POSITION Director		CB/ID NUMBER		DIVISION OR BUREAU Executive			INDEX NUMBER				
RESIDENCE ADDRESS *				HEADQUARTERS ADDRESS 2415 First Avenue				TELEPHONE NUMBER			
CITY		STATE		ZIP CODE		CITY Sacramento		STATE CA		ZIP CODE 95818	

(1) MONTH/YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS		(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY		
(2) DATE	TIME			BREAK-FAST	LUNCH		O.T., L/T, N/C, RELO. OR DINNER	(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING			(D) PRIVATE CAR USE	
													MILES	AMOUNT
July														
27	1345 1506	Sacramento						SC	8.87			8.87		
August														
2	1251 1326	Sacramento						SC	3.00			3.00		
18	1528 1744	Sacramento						SC	12.75			12.75		
September														
7	1248	Sacramento/ San Bernardino	92.40		18.00							110.40		
8	1745	Covina/ San Bernardino/Sacramento		10.00		6.00			30.00			46.00		
9	1200	Monterey	169.08		18.00			SC				187.08		
10		Monterey				6.00		SC				6.00		
11	1700							SC						
28	1343 1534	Sacramento						SC	10.50			10.50		
(10) SUBTOTALS			261.48		10.00	36.00	12.00		65.12			384.60		

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL

\$ 384.60

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

7/27: Presentation to BTH Secretary Bonner. 8/2: Met with State Chief Information Officer;
18: BTH Directors meeting. 9/7: Met with staff of Pomona DMV to update/discuss various
issues impacting the department. 8: Participated in the dedication of the Los Angeles Metro
and San Bernardino Business Service Centers. 10: Keynote speaker at the State of California
Auto Dismantlers Association's annual convention. 28: Met with Secretary Bonner @ BTH

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

(16.) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

(17.) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES (See Item 17 on reverse)

DATE